

LETTERS *to the Editor*

More on Community Mental Health

TO THE EDITOR: Drs. Langsley and Barter, in their special article on Community Mental Health in California in the March issue [West J Med 122:271-276, Mar 1975], state that the major factor in the reduction of state hospital admission rates is the ability of the community programs to provide a full range of treatment.

There are many who would question this and attribute the lower rate to the Lanterman-Petris-Short Act which limits involuntary admission to state hospitals to those who are actively dangerous to themselves or others or so severely disabled as to not be able to care for themselves. Furthermore, voluntary admissions must be approved by the local mental health authority.

What isn't mentioned is the increased number of severely ill patients who are housed in board and care homes in communities that in many instances provide less in the way of treatment or rehabilitation than the state hospitals ever did. Communities have been "educated" to tolerate deviant behavior rather than correct or treat it.

It would be interesting to know the extent to which the percentage of patients (formerly able to receive treatment in state hospitals) receiving welfare and total disability compensation has increased and the extent to which psychopathology and disability have been reduced by the comprehensive forward-looking community program such as has been developed in Sacramento County. These questions are raised not in criticism of the worthwhile goal of treating patients in their communities, nor in defense of the many deficiencies that characterized previous approaches, but in the hope that truly valid criteria are developed for measuring and comparing the results of different treatment approaches. A change of locus in treatment is not in itself a valid criterion of success of a program. What have the changes been in mental health?

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Vietnamese Refugee Children

TO THE EDITOR: The sudden influx of South Vietnamese orphans into our area has created the need for rapid dissemination of pertinent information to physicians who might be caring for these youngsters. Since I have not yet seen such information available, I would like to comment briefly on observations that I've made in seeing these children in South Vietnam in 1973 and now in my private practice of pediatrics. It is indeed important for any doctor caring for an orphan and his new family to spend extra time in considering the medical and psychological problems that the child may have, and in discussing the appropriate preventive and treatment factors with the parents.

The "history" that accompanies the child can be very misleading. Even the age of the orphan may be inaccurate, as the Vietnamese consider the child to be one year old at birth, increasing in age at each Tet New Year. Immunization records can usually be ignored; any vaccine given (if it indeed was actually given) might well have been outdated or attenuated by lack of proper storage. BCG tests are often given—so a positive TB skin test may be quite misleading.

What we do know about the usual history of these children is more important to consider. The rampant malnutrition, manifested by anemia and lower serum albumin levels serves as a basis for many diseases not frequently seen in our private practices, but which must be considered upon the examination of any Indochinese orphan: tuberculosis, *Pneumocystis carinii*, are among those frequently encountered. Deaths from tuberculous peritonitis and *Pneumocystis carinii* are prevalent in Vietnam; cases of *Pneumocystis carinii* have already been reported among these children after arrival in the U.S.

We should all be aware that the parasitic infestations are widespread; however, we should keep in mind that typhoid and paratyphoid, amebiasis, hepatitis, measles, diphtheria, tetanus, dengue, and severe cases of chickenpox (not smallpox!) fill the hospital wards in Saigon.

I would like to recommend as baseline laboratory studies for all initial visits of these children:

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CBC, stool cultures and studies for parasites, chest films, PPD skin tests, and urinalysis.

Time must be spent in counselling the parents about the care of these children. They are not used to our diet; many cannot tolerate milk very readily. They should slowly be exposed to American foods. It might be useful to introduce adoptive families to each other, so that they might meet with one another to exchange ideas and aids in communicating with and raising their newly-arrived children in this environment.

I hope that some of my ideas and observations will serve as some minimal guideline in caring for these children.

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That Word "Gurney"

TO THE EDITOR: Can anyone explain the origin of the word "gurney" which seems to be a purely Western United States term for "stretcher" (Eastern U.S.) or "trolley" (English)?

Webster defines it as "Western: a wheeled cot or stretcher. Probably from the name Gurney."

Who was Gurney?

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TO THE EDITOR: In a conversation some years ago with the late Dr. Irwin Beede March, I mentioned having used the word gurney among army physicians at a post in the southern part of the United States and found that none of them knew it to mean wheeled stretcher. Dr. March said that he had had much the same experience in Eastern and Middle Western states and he speculated that gurney, in this meaning, was born in San Francisco. He told me that when he was a student at Cooper Medical College in San Francisco, beginning in 1906, a wheeled stretcher was a gurney.

In those years, he recalled, there was a horse-drawn carriage that supplied an off-hours transportation service to and from (among other places) the county hospital, and it was called the Gurney line. Medical students' hours of work and play were such that they used it often. The seats were benches running the length of the vehicle, as they do still on our cable cars.

Dr. March conjectured that some now-gone intern, departing for a frolicsome moment from the

rigors of his duties and studies, pushed and perhaps half rode a wheeled stretcher through the corridors of the hospital, shouting, "Gurney line!"

This conjecture jibes pretty well with a letter from a Harry Magee of Oakland to newspaperman Dan Frishman, who used to write an entertaining and sometimes scholarly column for the San Francisco Examiner.¹ Mr. Magee, however, gives the route of the Gurney line as Berkeley to Oakland. Magee's letter to Frishman followed a few days after the Frishman column carried an item about the origin of gurney in the use here under discussion.²

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REFERENCES

1. Magee, Harry: Cited in Frishman, Dan: From cab to couch, *In* Bayland. San Francisco Examiner, Mar 2, 1959
2. Frishman, Dan: Some wonderment on a word. *In* Bayland. San Francisco Examiner, Feb 17, 1959

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TO THE EDITOR: Over the years I have received many requests for an opinion on the source of the word "gurney" used to designate a wheeled stretcher, and have been offered an equal number of explanations, including that presented by Mr. Edwards, but none have proved satisfactory.

The problem with the view presented by Mr. Edwards that the word derives from a horse-drawn transportation service, available in San Francisco or, perhaps, Oakland is the inadequacy of the documentation. Now there was a Gurney Cab Company in San Francisco in 1891. Langley's Street Directory gives the address as 14 Montgomery Street. The company seems to have lasted for only one year. Neither before nor after 1891 can any evidence be found of its further presence. No such company appears to have existed in Oakland or the East Bay in so far as the sources available show. Further, unlike contemporary companies, there is no evidence that it ran a public coach service or that it was anything beyond a cab company. If the word "gurney" had local origin, there is of course the remote possibility that calling a stretcher after a bankrupt or "rattletrap" cab company, if well known, appealed to contemporary humor. But this is all speculation. If the vehicle was named after some local worthy who designed or made it, there were only two or three families of that name in the Bay Area of the times. None seem to have been associated with manufacturing or medicine. Although the name,